

**INTERNAL CONTROL TRAINING CERTIFICATION  
FOR ELECTED OFFICIALS, APPOINTEES, AND EMPLOYEES**

I, \_\_\_\_\_, the duly elected, appointed, or employed  
(print name)

\_\_\_\_\_ for City of Mishawaka certify that I  
(position or title) (political subdivision)

received the following training concerning internal controls standards and procedures as required  
by Ind. Code § 5-11-1-27(g)(2):

Title of Training

Time Spent

SBoA Internal Controls Webinar

30 min.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\* This certification may be printed, signed, and retained in paper form or electronically. If signed electronically, the elected official, appointee, or employee must designate his or her signature by typing the last four (4) digits of their Social Security number in the signature line.